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Bib Data Sheet

CONFIRMATION NO. 8003

<b>SERIAL NUMBER</b> 09/842,458	<b>FILING DATE</b> 04/26/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> STD 00.02
<b>APPLICANTS</b> Steven J. Tallarida, Mansfield, MA; Mark Ettlinger, Lexington, MA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/199,714 04/26/2000 <i>9/8</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/18/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> HAYES, SOLOWAY, HENNESSEY, GROSSMAN & HAGE, P.C. 130 W. Cushing Street Tucson, AZ 85701				
<b>TITLE</b> Implantable hemodialysis access device				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
		<input type="checkbox"/> All Fees		
		<input type="checkbox"/> 1.16 Fees ( Filing )		
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )		
		<input type="checkbox"/> 1.18 Fees ( Issue )		
		<input type="checkbox"/> Other _____		
		<input type="checkbox"/> Credit		